

**RAPID PUBLIC HEALTH INTERVENTIONS IN RESPONSE TO AN OUTBREAK OF SYPHILIS IN LOS ANGELES. SEXUALLY TRANSMITTED DISEASES 29(5): 285-287, 2002.**

**AUTHORS**

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**BACKGROUND**

Despite national ambitions to eliminate syphilis, occasional outbreaks continue to occur in many areas of the United States.

**GOAL**

The goal of the study was to describe and evaluate the public health interventions in response to an outbreak of syphilis in Los Angeles County among men who have sex with men.

**STUDY DESIGN**

Reported cases of primary, secondary, and early latent syphilis that occurred during an outbreak period from December 1999 to September 2000 were included in the study. The outbreak components of provider awareness, active surveillance, community-based organization recruitment, media campaign, community-outreach education and screening, and a correctional facility intervention were described. Screening results were reviewed, sexually transmitted disease (STD) hotline calls were counted, and a street-intercept survey was conducted.

**RESULTS**

A multifaceted outbreak response was initiated in March 2000. Of the 89 outbreak cases identified, 40% were detected by HIV/AIDS early intervention providers and 26% by private clinicians or health maintenance organizations. Other case identification sources included public STD clinics (10%), STD program case-management contacts (7%), mobile van screening (7%), and correctional facility screening (10%). Screening at high-risk venues detected a syphilis prevalence of <1% and an HIV prevalence of 6%. Weekly calls to the STD hotline increased 600% during the outbreak, and 80% of surveyed individuals cited the media as the source of their awareness of syphilis.

**CONCLUSIONS**

A multifaceted outbreak response was launched to react to an outbreak of syphilis among men who have sex with men. Prompt provider awareness and a preexisting network of HIV/AIDS providers aided case detection. Although the effectiveness of the response could not be scientifically determined, the diverse components of the response were associated with a faster decline in the outbreak than would have been expected. After 3 months, 89 cases had been identified. Outbreak preparedness should include a focus on communities of men who have sex with men, because the reintroduction of syphilis in this population may threaten national efforts toward syphilis elimination.